

Exhibit

2



CVRx Inc.
9201 West Broadway Avenue
Suite 650
Minneapolis, MN 55445
763-416-2840

Invoice

Bill To: Novant Health Corporate Entity PO Box 25686 GLN-1100003142925 Winston-Salem, NC 27114		Ship To: Hand Carried by CVRx rep																	
Customer PO # P01087244 Payment Terms Net 45 Days		Invoice # 2000016 Invoice Date 08/20/15 Due Date 10/03/15 Customer ID # 02-00013 Customer Phone # 877-308-7101 Sales Representative Bilsbury																	
Delivery Terms																			
<table><thead><tr><th>Ln</th><th>Part nr</th><th>Description</th><th>Qty</th><th>Batch Number</th><th>Curr</th><th>Unit Price</th><th>Amount</th></tr></thead><tbody><tr><td>1</td><td>100053-301</td><td>Neo Legacy IPG, Model 2100 (HDE)</td><td>1</td><td>2100000469</td><td>USD</td><td>\$26,000.00</td><td>\$26,000.00</td></tr></tbody></table>				Ln	Part nr	Description	Qty	Batch Number	Curr	Unit Price	Amount	1	100053-301	Neo Legacy IPG, Model 2100 (HDE)	1	2100000469	USD	\$26,000.00	\$26,000.00
Ln	Part nr	Description	Qty	Batch Number	Curr	Unit Price	Amount												
1	100053-301	Neo Legacy IPG, Model 2100 (HDE)	1	2100000469	USD	\$26,000.00	\$26,000.00												
<p>Freight Charges: Amount excl. Sales Tax \$26,000.00 Sales Tax Invoice Amount USD \$26,000.00</p>																			
Notes	Payment Instructions REMIT TO: CVRx, Inc. 9201 West Broadway, #650 Minneapolis, MN 55445																		

Forsyth Po

COMPANY GLN: Purchase Order: PO1087244 ORIGINAL
 Novant Health Corporation Page: 2
 Date: 08/12/15

JUST THE PACKING SLIP, FOR EVERY ORDER.

NOTE:

NO DOCK AT FOLLOWING FACILITIES - NEED LIFT GATE AND PALLET JACK

-----NH CLEMMONS MEDICAL CENTER
 -----NH FRANKLIN MEDICAL CENTER
 -----NH PHARMACY-WINSTON SALEM HEALTH CARE,
 -----255 CHARLOIS BLVD, WINSTON SALEM, NC
 NEED LIFT GATE - NEED PALLET JACK

Bill To Address:

Novant Health Corporate Entity
 PO Box 25686
 GLN-1100003142925
 WINSTON-SALEM NC 27114-5686

LINE	ITEM NUMBER DESCRIPTION	QUANTITY PRICE	EXTENDED AMOUNT
1	CR459657 GENERATOR PULSE BAROSTIM IMPL NEO LEGACY MODEL 2100 Requesting Location: F6003 1.0000 EA Req Comp: 1000 Mfg Cde: CVRX Mfg Nbr: 100053-301 Vendor Item Number: 100053-301 Vendor Item Desc: GENERATOR PULSE BAROSTIM IMPL Item Detail: CR459657 Ship To Location GLN:1100002341725 Purchase Order Summary Goods Total: 26,000.00 Order Total: 26,000.00	1 EA 26,000.0000	26,000.00

End of Purchase Order: PO1087244

COMPANY GLN: Purchase Order: P01087244 ORIGINAL
Novant Health Corporation Page: 1
SHIP TERMS: FREIGHT: Prepaid and Add Date: 08/12/15
SHIP VIA:
VENDOR: 869388-970
SHIP TO:
CVRX INC (F) NH FORSYTH MEDICAL CENTER
9201 W BROADWAY AVE STE 650 3333 SILAS CREEK PKWY
MINNEAPOLIS NB 55445 FORSYTH NON-STOCK SUPPLIES
WINSTON SALEM NC 27103
CONTACT: CUSTOMER SERVICE CONTACT: Company Default Buyer
PHONE: 763-416-2840 PHONE: 877-308-7101
FAX: 763-416-2841 FAX: 336-718-8960
BUYER GLN:
EMAIL ADDRESS: supplychaincustomerservice@novanthealth.org
TERMS DISCOUNT
TERMS DAYS RATE NET ACCOUNT NUMBER

No Terms 45
+-----+
| Deliver on August 17, 2015 unless specified by line |
| Purchase Order Currency: United States Dollars |
| |
| Invoice by mail |
| Process Level: 1000 |
| |
| CONFIRMATIONS: |
| Please send confirmations to OrderConfirmations@NovantHealth.org |
| or fax to 336-718-8960. |
| Please note any price, UOM or catalog number discrepancies. |
| Please note any backorders and include release dates. Thank you |
| |
| TERMS AND CONDITIONS: |
| This Purchase Order is governed by the Terms and Conditions |
| agreed to in writing by vendor and Novant Health. If vendor and |
| Novant Health have not entered a written agreement for the |
| purchase of these products, then Novant Health's current |
| Standard Terms and Conditions will apply to this Purchase Order. |
| |
| SHIPPING: |
| |
| If your company has been contacted by Novant or FDSI and is |
| enrolled in our 3rd party freight program, then, per our |
| Agreement SHIP 3RD PARTY, FDSI, FOB DESTINATION, FOR PARCEL |
| SHIPMENTS USE FEDEX NO. 1330-1643-0. For LTL shipments use UPS |
| Freight (800-333-7400). For shipments over 5000 lbs please call |
| 800-475-3374 for carrier instructions. |
| |
| NOVANT PO NUMBERS MUST BE ON EVERY FEDEX SHIPPING LABEL, NOT |